PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. & THADE Application Number 10/613.728 Filing Date TRANSMITTAL 07-03-2003 First Named Inventor **FORM** ROBBINS, JEFFREY Art Unit 1632 **Examiner Name** Montanari, David A. (to be used for all correspondence after initial filing) Attorney Docket Number CHM02-GN053 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): ITEMIZED RETURN POST CARD Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT INCLUDING FORM PTO/ SB/08B & COPIES OF 6 NON- PATENT REFERENCES Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name STETTINIUS & HOLLISTER, LLP Signature Printed name DAVID A. MANETNO Date Reg. No. 39,289 12-01-2005 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paperwork R Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/613,728 FEE TRANSMITTA Filing Date 07-03-2003 For FY 2005 First Named Inventor Robbins, Jeffrey **Examiner Name** Montanari, David A. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1632 TOTAL AMOUNT OF PAYMENT CHM02-GN053 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Name: TAFT, STETTINIUS & HOLLIS ✓ Deposit Account Deposit Account Number: <u>50-3072</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 130 Design 200 100 100 50 65 Plant 200 100 300 160 80 150 300 500 600 300 150 250 Reissue 200 0 0 Provisional 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 Multiple Dependent Claims Extra Claims **Total Claims** Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** indep. Ciaims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) \_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): (1806) IDS SUBMISSION FEE \$180.00 SUBMITTED BY Registration No. 39,289 Telephone 513-357-9331 Signature (Attorney/Agent) Name (Print/Type) DAVID A. MANCINO Date 12-01-2005

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**PATENT** 

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## Application of:

Applicant

Robbins, Jeffrey

Serial No.

10/613,728

Filed On

07-03-2003

Title

A ROBUST, INDUCIBLE CARDIAC PREFERRED EXPRESSION

SYSTEM FOR TRANSGENESIS

Docket No.

CHM02-GN053

Examiner

Montanari, David A.

Art Unit

1632

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313

Dear Sir:

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 C.F.R. § 1.97, the Examiner's attention is directed to the references listed on the attached Form PTO-SB-08B. A copy of each of the non-patent listed references is provided.

It is to be understood that the present disclosure of art is in no way intended to be a waiver of any arguments or defenses available to the Applicant under the rules of the U.S. Patent {W0594194.1}

# Supplemental Information Disclosure Statement CHM02-GN053 Page 2

and Trademark Office and the statutes of the United States. The Commissioner is hereby authorized to charge any fees that may be required by this paper, or to credit any overpayment to Deposit Account 50-3072.

Respectfully submitted,

David A. Mancino Reg. No. 39,289

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Substitute for form 1449/PTO				Complete if Known			
				Application Number	10/613,728		
			CLOSURE	Filing Date	07/03/2003		
STATEMENT BY APPLICANT				First Named Inventor	Robbins, Jeffrey		
/Hs	e as many sheet	e ae n	necessan/)	Art Unit	1632		
(636 as many shoots as necessary)				Examiner Name	Montanari, David A.		
Sheet 1		of	1	Attorney Docket Number	CHM02 GN053		

Examiner	Cite	NON PATENT LITERATURE DOCUMENTS  Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of	
Examiner Initials*	No.1	the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		RAHKONEN et al, "Characterization of the murine TIMP4 gene, localization within intron 5 of the synapsin 2 gene and tissue distribution of the mRNA," Biochimica et Biophysica	
	_	Acta, 19 August 2002, p45-abstract, 1577-1.	
		CHARRON et al. "Cooperative Interaction between GATA-4 and GATA-6 Regulates Myocardial Gene Expression," Molecular and Cellular Biology, June 1999, p4355-4365, 19-6	
		DELLOW et al. "Identification of novel, cardiac-restricted transcription factors binding to a CACC-box within the human cardiac troponin I promoter," Cardiovascular Research,	
		April, 2001, p24-abstract, 50-1	
		GREPIN et al. "A Hormone-Encoding Gene Identifies a Pathway for Cardiac but Not Skeletal Muscle Gene Transcription," Molecular and Cellular Biology, May 1994, p3115-3129, 14-5	
		KIEWITZ et al. "Transcriptional Regulation of S100A1 and expression during mouse heart development," Biochimica et Biophysica Acta, 20 Dec 2000, p207-abstract, 1498-2/3	
		MAJALAHTI-PALVIAINEN et al. "Gene Structure of a New Cardiac Peptide Hormone: A Model for Heart-Specific Gene Expression," Endocrinology, 2000, p731-740, 141-2.	

Examiner	 Date	
Signature	Considered	· )

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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